

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | PS       | 66621  | 7/17     |
| O.I.P.E. CLASSIFIER       |          | 8      | 7-19-00  |
| FORMALITY REVIEW          | CA       | JC 135 | 8-24-00  |
| RESPONSE FORMALITY REVIEW | af       | 51861  | 11-30-00 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
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| 7              | ✓    |
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| 9              | ✓    |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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